

**Governor s Office of Criminal Justice Planning
Youth Emergency Telephone Referral Network Program
Progress Report**

1. Project Title: _____
2. Grant Award #: _____
3. Grantee: _____
4. Grant Period: _____
5. Address: _____
6. Report Period: _____
7. Report Prepared By: _____
8. Title: _____
9. Telephone Number: _____

10. Progress Report

- ☐ 3 Month Report
- ☐ 6 Month Progress Report
- ☐ 12 Month Progress Report
- ☐ Other (Specify): _____

11. Budget

- | | |
|---------------------------------------|----------|
| 1) Total Grant Award: | \$ _____ |
| 2) Total funds expended to date: | \$ _____ |
| 3) Items encumbered but not paid for: | \$ _____ |
| 4) Total Grant Balance: | \$ _____ |

Program Specialists Comments (for OCJP use only):

Program Specialist

Date

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Table 1: Personnel

	Name of Staff	Position	Duties	Full Time Equivalency (FTE)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Table 2: Equipment

☐ Yes ☐ No If the Grant Award Agreement allows for equipment purchases, and equipment has been purchased, detail below.

	Equipment	Cost	Date Received	State Equipment Tag Number	State Tag Affixed (Yes/No)
1					
2					
3					
4					
5					
6					
7					
8					

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Narrative

(Start typing Narrative here)

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Table 3: Project Objectives and Activities

Objectives		Goal (Projected #)	July 1 - December 31	January 1 - June 30	Total to Date
1.	Number of youth who called the hotline.				
	Number of non-youth who called the hotline.				
2.	Number of youth who received a referral.				
3.	Number of youth who received crisis counseling.				

Table 4: Crisis Counseling Topics Discussed with Youth

Counseling Topics	July 1 - December 31	January 1 - June 30	Sub-Total
Substance Abuse			
Child Abuse and/or Neglect			
Depression			
Eating Disorders			
Family/Relationship Problems			
Family/Relationship Violence			
Gang Involvement			
HIV/STD s			
Runaway/Homeless			
Survival Sex			
School Problems			
Sex Issues			
Sexual Orientation			
Suicide			
Teen Pregnancy/Teen Parenting			
Trouble with the Law			
Other			
Total			

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Table 5: Referrals Provided to Youth

Referral	July 1 - December 31	January 1 - June 30	Sub-Total
Shelter			
Transportation			
Counseling			
Drop-in Services			
Legal			
Employment			
Education			
Alcohol/Drug Abuse Treatment			
Family Planning			
Health/Medical/Dental			
HIV/STD Services			
Other			
Total			

Table 6: Age and Gender of Youth Callers

Age	Male			Female		
	July 1 - December 31	January 1 - June 30	Sub- Total	July 1 - December 31	January 1 - June 30	Sub- Total
0 — 9						
10 — 11						
12 — 13						
14 — 15						
16 — 17						
Unknown						
Totals						

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Table 7: Ethnicity of Youth Callers

Ethnicity	July 1 - December 31	January 1 - June 30	Sub-Total
Caucasian			
Hispanic			
African-American			
American-Indian			
Asian			
Filipino			
Pacific Islander			
Bicultural (specify)			
-			
-			
-			
Other (specify)			
-			
-			
-			
Unknown			
Totals			